

<b>Case Number:</b>	CM13-0067328		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	12/26/2012
<b>Decision Date:</b>	04/15/2014	<b>UR Denial Date:</b>	12/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient sustained a work related injury to her lumbar spine while lifting an object at work on 12/26/12. She was treated by [REDACTED] and was diagnosed with lumbosacral myofascial pain. She was sent to [REDACTED] for acupuncture treatment and massage treatment. During this time she also had physical therapy and a home exercise program. The patient's evaluation did not reveal any red flags of nerve root injury or radiculopathy or bladder or bowel problems. She did have some improvement in her symptomatology with increase from 10 to 15 pound lifting restriction. On 12/3/13 the patient was noted to have 50% recovery in function from her flare up and was noted to have completed 4 of 8 massage treatments and was doing her physical therapy treatments. These requests were denied by the insurance utilization review committee and the physician requested an independent medical review evaluation be done.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

#### **CONTINUED PHYSICAL THERAPY 3 TIMES A WEEK FOR 2 WEEKS (LUMBAR):**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299.

**Decision rationale:** The MTUS guidelines from the AECOM state that physical therapy should be given for 1 to 2 visits in order to provide education, counseling, and evaluation of home exercises for range of motion and strengthening. Therefore, the basis of treatment should be a home regimen of prescribed exercises and behaviors. The patient had already had enough PT in order to accomplish this function.

**CONTINUED MASSAGE THERAPY 1 TIME A WEEK FOR 8 WEEKS (LUMBAR):**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chapter on massage treatment Page(s): 60.

**Decision rationale:** The Chronic Pain section on massage states that massage should be limited as an adjunct to other treatment modalities and be limited to 4 to 6 visits. She already had received this prescribed amount of massage treatments.